37. *Popliteal Aneurism successfully treated by Pressure.*—Mr. Charles Hawkins mentioned a case of popliteal aneurism successfully treated by pressure. The patient was ninety years of age, and under the care of Sir B. Brodie. He had been the subject of various maladies, and seven or eight months before death a pulsating tumour presented itself in the ham. There was no trace of any other disease in the vascular system. A piece of amadon plaster was placed over the swelling, and kept in position with a bandage. All pulsation ceased in four or five months. He died of other diseases. All the usual appearances of a cured aneurism were found after death.—*Ibid.*

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38. *Galvanic Acupuncture — Aneurism of the Subclavian Artery obliterated by it.* — M. Abeille, assistant surgeon to the Hospital of Val de Grâce, at Paris, lately brought before the Academy of Medicine a case of aneurism of the subclavian artery, which he succeeded in obliterating by galvanic acupuncture. The subject is a maiden lady of sixty-five, and the aneurism was as large as a hen's egg. The patient having been put under the anæsthetic effects of ether, four steel needles, two inches long, and one line in diameter, were thrust into the sac in pairs, to the depth of about three-quarters of an inch, and these were put in communication with a galvanic trough, containing twenty couples. The poles were then alternately put in contact with each pair of needles, and this contact never lasted more than twenty minutes. The tumour soon diminished in size, became firmer and more resisting; its pulsations gradually disappeared, and the beating of the radial artery stopped. The galvanic apparatus acted upon the needles for thirty-seven minutes. When the tumour became quite hard, and presented no more pulsations, the needles were withdrawn. A few drops of blood escaped by the apertures left, and the skin was a little scarified around the latter; a cold compress was applied on the tumour, complete rest enforced, and strong pressure applied on the course of the artery. This pressure was kept up for about ten hours. On the next day, a slight vibration could be perceived in the tumour, but the radial pulse had quite disappeared; the whole arm and forearm were very cold, and the seat of a very uncomfortable formication. Motility of the fingers was abolished. From the third to the fourth day the pulse at the wrist reappeared, the little eschars fell off, and on the fifth day the tumour began to decrease. Thirty-seven days after the operation, there was no prominence of the skin to be any longer distinguished. The artery, three months afterwards, seemed to have slightly increased in size. The patient was seen repeatedly for two years, and the cure was completely maintained. M. Abeille, after the report of this successful case, gave the Academy some details respecting a certain number of experiments on galvanic acupuncture performed upon dogs. The trough was made to act for five minutes on the femoral artery of a dog, the needles having been thrust through the soft parts. The animal was killed two days afterwards, and a plug, one inch in length, was found; it extended to the next collateral branch, was very consistent, and already adhered pretty firmly to the parietes of the vessel. The concentric layers could be distinguished very plainly by a transverse section. In the second experiment, the artery was laid bare, and acted on as above. The dog was left to himself in a room for twenty-four hours, then operated in the same manner on the other limb, and killed the next day. Both arteries were examined carefully, and divided transversely two inches above and below the plug. On introducing a stilette by the superior or inferior aperture, its progress was steadily resisted by a hard body closely adhering to the parietes of the vessel. The plug, on being laid bare, presented the same aspect as the one mentioned above, and the same results were obtained in the eight experiments which followed the two which have just been described. The author has never noticed any inflammation in the various arteries upon which he had experimented, except the pseudo-membrane which connects the plug with the vessel be looked upon as the result of phlegmasia. This membrane, which really is the consequence of an inflammatory process in the internal coat of the vessel, will be produced whenever the obliteration of an artery takes place, howsoever this state may have been brought about. It is therefore not the direct consequence of the galvanic agency. As to the value of the opera-

tion, the author adduces the following remarks: The pain produced by galvanic acupuncture is far beyond any other, and this fact alone would be sufficient to give the ligature the preference whenever the latter can be used with advantage, as, for instance, in aneurism seated on the limbs. The dangers of acupuncture, and the accidents to which it may give rise, are equal to, if not above, those which may follow the ligature of vessel. Acupuncture may cause hemorrhage when it is not successful, or cauterization of the skin and the parietes of the sac, if very great precautions be not taken; inflammation or suppuration of the latter, and very serious consecutive hemorrhage, &c. If the galvanic operation were less painful than the ligature, it might be tried first, and tying of the vessel had recourse to in case of failure. But it frees the patient neither from pain nor danger, and will never stand as high as the ligature in aneurisms situated on the limbs. In short, acupuncture may be of great assistance in certain exceptional cases, in spite of the atrocious pain it produces. This is the only advantage which may be conceded to it. This advantage would, however, become immense, if it became very evident, by a series of facts and pathological specimens, that coagulation is the constant effect when galvanic acupuncture is performed upon human blood. The Academy has appointed Messrs. Roux, Poisseuille, and Gimelle, to report upon this paper. It is gratifying to find the author of a paper on a peculiar operation, and who can boast of a successful case, to be so very sober in his laudations, and so conscientious in the pointing out the various disadvantages of the process. M. Petrequin, of Lyons, who originated the use of galvanism for the cure of aneurisms, was rather more sanguine. M. Velpeau has tried it at La Charité, and met with several failures.—*Lancet*, Sept. 1, 1849.

39. *Dislocation of the Humerus, with Fracture.*—Mr. Syme has lately met with a case of dislocation of the head of the humerus into the axilla, complicated with fracture about the middle of the humerus. This double accident was exceedingly rare. The patient had fallen through a trap door into a cellar, and his arm had become entangled among the spokes of a ladder during the fall. It was determined that the dislocation should be reduced, before an attempt was made to set the fractured bones. For this purpose, the forearm was bent upon the humerus, and a bandage was then rolled round the whole arm as high as the shoulder. Over this, a couple of Gooch's splints were placed; the lac was then attached above the seat of fracture, and secured by another bandage. Extension was made in the direction of the long axis of the trunk, a large pad being first stuffed into the axilla. Reduction was readily effected, and the subsequent progress of the case had been satisfactory.—*Proceedings of Edinburgh Med. Chirurg. Society* in *Monthly Journ.*, July, 1849.

40. *Counter-Openings.*—M. Diday states that surgeons have either given no directions, or only such as are erroneous, for the mode of making counter-openings. The intention of these being to prevent the burrowing of pus, certain conditions are to be observed:—

1. The internal orifice of the canal about to be created is to be situated at the very extremity to which the detachment of the tissues has extended. 2. The new canal must traverse the tissues in the most favourable direction for the free issue of pus. Inguinal suppuration has a great tendency to produce separation, the burrowing inwards at the genito-crural bend being greatly favoured by position, and the lamellar character of the cellular tissue. If a counter-opening is made *perpendicularly* to the surface of the skin, large as this may be, the detachment of parts still goes on, as the pus, to enter it, would have to penetrate against the action of gravity. The artificial canal must, therefore, be itself *vertical;* to accomplish which end the tissues must not unfrequently be passed through obliquely rather than directly, the *route* being, in fact, a longer but more accessible one. 3. The opening must be large enough, though this is a matter of less consequence if its situation and direction have been well chosen. 4. The new track should be of as equal a diameter as possible throughout. 5. It must be so made as to allow of the introduction, not only within the lips of the